

BEST AVAILABLE COPY

CLAIMS ONLY						SERIAL NO.	FILING DATE	
						APPLICANT(S)		
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51	
2		/					52	
3		/					53	
4		/					54	
5		/					55	
6		/					56	
7		/					57	
8		/					58	
9		/					59	
10	/						60	
11		/					61	
12		/					62	
13		/					63	
14		/					64	
15		/					65	
16		/					66	
17		/					67	
18		/					68	
19		/					69	
20		/					70	
21		/					71	
22	/						72	
23		/					73	
24		/					74	
25		/					75	
26		/					76	
27	/						77	
28		/					78	
29		/					79	
30	/						80	
31		/					81	
32		/					82	
33	/						83	
34		/					84	
35		/					85	
36		/					86	
37		/					87	
38		/					88	
39							89	
40							90	
41							91	
42							92	
43							93	
44							94	
45							95	
46							96	
47							97	
48							98	
49							99	
50							100	
TOTAL IND.							TOTAL IND.	
TOTAL DEP.							TOTAL DEP.	
TOTAL CLAIMS							TOTAL CLAIMS	

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS